

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of Louisiana

Parish of West Baton Rouge

Before me, the undersigned authority, personally came and appeared Arwin P. Nicholi, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Arwin P. Nicholi
Signature of Lobbyist

Sworn to and subscribed before me on this 15th day of April, 1997

[Signature]
Notary Public

Name: NEW ORLEANS SPORTS FOUNDATION
Address: 1400 Poydras St.
New Orleans, LA 70112
Business or Purpose: Marketer for New Orleans Sports Events
New
Representation: yes; yes

Name: LOUISIANA PUBLIC FACILITIES AUTHORITY
Address: 2237 Acadian Thruway, Suite 650
Baton Rouge, LA 70808
Business or Purpose: Public Finance Authority
New
Representation: yes; yes

Name: ASSOCIATED CREDIT BUREAUS, INC.
Address: 1090 Vermont Avenue, NW, Suite 200
Washington, DC 20005-4905
Business or Purpose: Credit Bureau Association
New
Representation: yes; yes

Name: JOCKEY'S GUILD
Address: Kennedy, Schwartz & Cure, P.C.
Attorneys at Law
113 University Place
New York, NY 10003
Business or Purpose: Jockey Association
New
Representation: yes; yes

Name: LA. PSYCHOLOGICAL ASSOCIATION
Address: P.O. Box 66924
Baton Rouge, LA 70896
Business or Purpose: Psychologists Association
New
Representation: yes; yes